

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																						
1 Date of Request: _____		2 Serial/Patent # <u>08/028795</u>																																																				
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 40%;">Filing</td><td style="width: 15%;">4 PAPER NUMBER</td><td style="width: 15%;">5 DATE FILED</td><td style="width: 25%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Extension of Time</td><td><u>12</u></td><td><u>2-9-95</u></td><td>\$ <u>870⁰⁰</u></td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$	<input checked="" type="checkbox"/>	Extension of Time	<u>12</u>	<u>2-9-95</u>	\$ <u>870⁰⁰</u>		Notice of Appeal/Appeal			\$		Petition			\$		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$		Other			\$	7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 5px; display: inline-block;">\$ <u>870⁰⁰</u></div>			
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	Assignment			\$																																																		
	Other			\$																																																		
10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): _____		8 TO BE REFUNDED BY: <input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 03--1740 </div>																																																				
<p style="font-size: 1.2em; margin: 0;"><i>Fees were charged under the wrong entity therefore fees will be refunded and recharged within the correct entity per popl# 14</i></p>																																																						
11 REFUND REQUESTED BY:																																																						
TYPED/PRINTED NAME: <u>E Johnson</u>		TITLE: <u>AE</u>																																																				
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-2195</u>																																																				
OFFICE: <u>gsp 330</u>																																																						
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****																																																						
APPROVED: <u>[Signature]</u>		DATE: <u>3/22/95</u>																																																				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B